Docket No.: PF-0728 USN

## Certificate of Mailing

reby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 24, 2003

Printed: Lisa McDill

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Yue et al.

Title:

**HUMAN CHAPERONE PROTEINS** 

Serial No .:

10/049,742

Filing Date:

January 28, 2002

Examiner:

Kam, C.

Group Art Unit: 1653

Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

- 1. Return Receipt Postcard;
- 2. Response to Restriction Requirement (13 pp.);
- 3. Information Disclosure Statement (2 pp.);
- 4. List of References cited, PTO-1449 (p.);
- 5. Six (6) References (1 6); and
- 6. Certificate of Revocation of Power of Attorney (2 pp.).

The fee has been calculated as shown below.

| Claims   | Claims After<br>Amendment | - | Claims<br>Previously<br>Paid For | = | Present Extra | Other<br>Small<br>Rate |            | Additional Fee(s) |   |  |
|--|---------------------------|---|----------------------------------|---|---------------|------------------------|------------|-------------------|---|--|
| Total  | 20                        | - | 20                               | = | 0             | x\$18.00               | 0          | \$                | 0 |  |
| Indept.  | 2                         |   | 3                                | = | 0             | x\$86.00               | 0          | \$                | 0 |  |
| First Presentation of Multiple Dependent Claims: |                           |   |                                  |   |               | +290.00                | 0          | \$                | 0 |  |
|  |                           |   |                                  |   |               |                        | Total Fee: | \$                | 0 |  |

| X | No additional Fee is required.                              |             |   |
|---|---|-------------|---|
|   | Please charge Deposit Account No. 09-0108 in the amount of: | <b>\$</b> _ | 0 |

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Reg. No. 33,287

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October 24, 2003